

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-033523

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8070

FILED AUG 22 1963

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>D.O.A. HOMER Phillips</b>		d. STREET ADDRESS (If outside, give location) <b>1244 N. Euclid</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Robert</b> Middle <b>Lee</b> Last <b>COLE</b>		4. DATE OF DEATH Month <b>August</b> Day <b>5</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3/10/13</b>
9. AGE (last birthday) <b>50</b>		10. IF UNDER 1 YEAR Months Days Hours Min.	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		12. KIND OF BUSINESS OR INDUSTRY <b>Steel Industry</b>	
13. BIRTHPLACE (City and state or country) <b>Daleville, Miss.</b>		14. CITIZEN OF WHAT COUNTRY <b>USA</b>	
15. FATHER'S NAME <b>Robert Cole</b>		16. MOTHER'S MAIDEN NAME <b>Mary Beck</b>	
17. NAME OF HUSBAND OR WIFE <b>Lillie Cole</b>		18. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>	
19. SOCIAL SECURITY NO. <b>5</b>		20. INFORMANT Address <b>Lillie Cole, 1244 N. Euclid Ave.</b>	
21. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>Miliary Tuberculosis; Contributing Causes: Myocardial Degeneration with Cardiac Insufficiency as a result of the adhesive Pericarditis.</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>019.2</b>			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
22. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	23. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	24. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
25. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	26. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
27. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	28. CITY, TOWN, OR LOCATION COUNTY STATE		
29. attended the deceased from <b>6:20 p.m.</b> to <b>6:20 p.m.</b> and last saw her/him alive on <b>8/7/63</b>			
30. Death occurred at <b>6:20 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
31. SIGNATURE (Degree or title) <b>Dep. C. Cr.</b>		32. ADDRESS <b>1300 Clark Ave.</b>	
33. DATE SIGNED <b>8/7/63</b>		34. DATE SIGNED	
35. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	36. DATE <b>8/11/63</b>	37. NAME OF CEMETERY OR CREMATORY <b>Washington Park Cem.</b>	38. LOCATION (City, town, or county) (State) <b>Berkeley City, Mo.</b>
39. FUNERAL DIRECTOR ADDRESS <b>Cunningham &amp; Moore, 2405 Marcus</b>		40. DATE RECD. BY LOCAL REG. <b>AUG 8 1963</b>	41. REGISTRAR'S SIGNATURE <b>Dean Smith. M.D.</b>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*John K Cunningham*

Licensed Embalmer No. **4476**

P. O. Address **2405 Marcus**

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.